

<p><i>Effective on 12/08/2004.</i></p> <p><i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p><b>FEE TRANSMITTAL</b></p> <p><b>For FY 2009</b></p>		<i>Complete if Known</i>	
		Application Number	10/580,360
		Filing Date	11/24/2004
		First Named Inventor	Myung Gu Kim
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Yuk Ting Choi
		Art Unit	2164
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)	405.00
		Attorney Docket	2316 - 061635

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  
under 37 CFR 1.16 and 1.17       Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

## **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

		FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		<u>Fees Paid (\$)</u>
		<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Utility	330	82	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		

## **2. EXCESS CLAIM FEES**

### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

#### Multiple dependent claims

<b>Total Claims</b>	<b>- 20 or HP</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	
11	- 20	= 0	x 0	= 0	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims      - 3 or HP      = Extra Claims      Fee (\$)      Fee Paid (\$)

1	-	3	=	0	x	0	=	0
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HP = highest number of independent claims paid for, if greater than 3.

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/ 50 =	(round up to a whole number) x =		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination

405.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	22,132	Telephone	412-471-8815
Name (Print/Type)	William H. Logsdon			Date	June 3, 2011